


09/964065

09/26/01

ISSUE CLASSIFICATION	
Class	Subclass

PATENT NUMBER

U.S. **UTILITY** Patent Application

 O.I.P.E. SCANNED <u>1/8/3</u> Q.A. <u>Am</u>	PATENT DATE
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CLASS 435	SUBCLASS	ART UNIT 1636	EXAMINER
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APPLICATION NO. 09/964065	CONT/PRIOR .D	CLASS 435	SUBCLASS 425	ART UNIT <del>1636</del> 1632	EXAMINER PRIEBE
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## APPLICANTS

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### Complementary adenoviral vector systems and cell lines

## title

PTO-2040  
12/89

<b>ISSUING CLASSIFICATION</b>								
<b>ORIGINAL</b>		<b>CROSS REFERENCE(S)</b>						
<b>CLASS</b>	<b>SUBCLASS</b>	<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>					
<b>INTERNATIONAL CLASSIFICATION</b>								

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<input checked="" type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b> Sheets Drawg.      Figs. Drawg.      Print Fig.		<b>CLAIMS ALLOWED</b> Total Claims      Print Claim for O.G.	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. <u>5,851,806</u>  <u>5994,116</u>  <u>6482,616</u>	_____ (Assistant Examiner)      (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>  _____	
	_____ (Primary Examiner)      (Date)		<b>ISSUE FEE</b>  Amount Due      Date Paid	
			<b>ISSUE BATCH NUMBER</b>  _____	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)      (Date)			

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